


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90431 016 ****61.25

| | | | |
|---|--|---|--|
| DOCUMENT # N01000007027 | |  | |
| 1. Entity Name MEADOW WOOD EQUINE CLUB, INC. | | | |
| Principal Place of Business 9 HANDICAPPERS LN. OCALA, FL 34482 | | Mailing Address 9 HANDICAPPERS LN. OCALA, FL 34482 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 42-1538962 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LOVE, LEA 9 HANDICAPPERS LN. 4TH FLOOR OCALA, FL 34482 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small> DATE: _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHOCKEY, CAROL PO BOX 770852 OCALA, FL 34482 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CONROY, LEROY 1393 NW 150TH AVE. OCALA, FL 34482 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LeRoy Conroy 150th <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LOVE, LEA 9 HANDICAPPERS LN. OCALA, FL 34482 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>Lea Love</u> <u>Lea Love</u> | | Date: <u>4/22/04</u> Daytime Phone #: <u>352-291-2787</u> | |

94064418



04212004 Chg-NP CR2E037 (10/03)